
State: Arkansas **Filing Company:** UnitedHealthcare Insurance Company
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/FM12-845

Filing at a Glance

Company: UnitedHealthcare Insurance Company
Product Name: GROUP MEDICARE SUPPLEMENT
State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08G.001 Plan A 2010
Filing Type: Advertisement
Date Submitted: 12/03/2012
SERFF Tr Num: UHLC-128789169
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: FM12-845

Implementation: On Approval
Date Requested:
Author(s): Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 01/02/2013
Disposition Status: Filed-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010
Product Name: GROUP MEDICARE SUPPLEMENT
Project Name/Number: ADVERTISING/FM12-845
Filing Company: UnitedHealthcare Insurance Company

General Information

Project Name: ADVERTISING
Project Number: FM12-845
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Association
Filing Status Changed: 01/02/2013
State Status Changed: 01/02/2013
Created By: Michelle Ambach
Corresponding Filing Tracking Number: FM12-845

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:
Deemer Date:
Submitted By: Wanda Augustus

Filing Description:

Submitted, for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is substantially similar in content to advertising previously approved by the Department on 3/21/2011 under SERFF Tracking Number UHLC-127088896.

Final production of the enclosed advertising will show the component number on the bottom left hand corner of the advertisement.

Company and Contact

Filing Contact Information

Cheryl Gomez, Compliance Manager
680 BLAIR MILL RD
Horsham, PA 19044
cheryl_l_gomez@uhc.com
215-902-8452 [Phone]

Filing Company Information

UnitedHealthcare Insurance Company
185 Asylum Street
Hartford, CT 06103
(860) 702-5000 ext. [Phone]

CoCode: 79413
Group Code: 707
Group Name:
FEIN Number: 36-2739571

State of Domicile: Connecticut
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: \$50.00 X 3 = \$150.00
Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare Insurance Company	\$150.00	12/03/2012	65362170

SERFF Tracking #:	UHLC-128789169	State Tracking #:		Company Tracking #:	FM12-845
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010				
Product Name:	GROUP MEDICARE SUPPLEMENT				
Project Name/Number:	ADVERTISING/FM12-845				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/02/2013	01/02/2013

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
TOI/Sub-TOI:	MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010		
Product Name:	GROUP MEDICARE SUPPLEMENT		
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Disposition

Disposition Date: 01/02/2013

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	STATEMENT OF VARIABILITY	Filed-Closed	Yes
Form	PRINT AD	Filed-Closed	Yes
Form	INSERT	Filed-Closed	Yes
Form	SELF MAILER	Filed-Closed	Yes

State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company
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Form Schedule

Lead Form Number: AS2597ST (10-12)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed-Closed 01/02/2013	PRINT AD	AS2597ST (10-12)	ADV	Initial		45.000	AS2597ST (10-12)_M.pdf
2	Filed-Closed 01/02/2013	INSERT	AS2613ST (10-12)	ADV	Initial		45.000	AS2613ST (10-12)_M.pdf
3	Filed-Closed 01/02/2013	SELF MAILER	CA25063ST (10-12)	ADV	Initial		45.000	CA25063ST (10-12)_M.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages


One helps you
pay some of
the expenses
not paid by
Medicare.



The other
helps you pay
prescription
drug costs.

Together, they offer more complete coverage than Medicare alone.

Medicare may not cover everything. But together, two plans insured by UnitedHealthcare® Insurance Company (UnitedHealthcare) could provide you with more complete coverage. Find out if AARP® Medicare Supplement Insurance Plans and AARP® MedicareRx plans meet your needs.

<Agent Name>
[Licensed Insurance Agent
Contracted with UnitedHealthcare]
 <1-XXX-XXX-XXXX>, TTY: 711

For more information about AARP Medicare Supplement Insurance Plans and AARP MedicareRx prescription drug plans, call today, [or join me at a meeting].

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, call <1-XXX-XXX-XXXX>. TTY users, call 711.

The AARP MedicareRx plans (PDP) are insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor.

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll in a Part D plan. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY, for New York residents). Policy form No. GRP 79171 GPS-1 (G-36000-4). In some states plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. government or the federal Medicare program.
This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

If you prefer, you can contact UnitedHealthcare directly for more information at 1-888-867-5564, TTY 711, from 8 a.m. to 8 p.m., 7 days a week.

An agent/producer can provide complete information including benefits, costs, eligibility requirements, exclusions and limitations.

AARP® | Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

AARP® | MedicareRx Plans
insured through **UnitedHealthcare**



**One helps you
pay some of
the expenses
not paid by
Medicare.**

**The other
helps you pay
prescription
drug costs.**

This is an advertisement.

**Together, they offer more complete coverage
than Medicare alone.**

Medicare may not cover everything. In fact, it only covers about 80% of your Part B expenses. The rest can really add up. Thankfully, AARP® Medicare Supplement Insurance Plans help pay for about 20% or more.

And when you add one of the AARP® MedicareRx plans to your coverage, you get help paying for prescription drug costs. Both plans are insured by UnitedHealthcare® Insurance Company (UnitedHealthcare).


**For more information about AARP Medicare Supplement Insurance Plans and
AARP MedicareRx prescription drug plans, call today, [or join me at a meeting near you].**

<Agent Name>

[Licensed Insurance Agent Contracted with UnitedHealthcare]



<1-XXX-XXX-XXXX>, TTY: 711

See back for details. 


Make sure you have enough coverage – so you can focus on enjoying life.

AARP Medicare Supplement Insurance Plans and AARP MedicareRx prescription drug plans could provide you with more complete coverage.

Find out if they meet your needs.

<Agent Name>

[Licensed Insurance Agent Contracted with UnitedHealthcare]

 **<1-XXX-XXX-XXXX>, TTY: 711**

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<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

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<Company Name>
<Address>
<City>, <ST> <ZIP>

<First Name> <Last Name>
<Address>
<City>, <ST> <ZIP>

Medicare may not cover everything.

But there is a way to make your coverage more complete.

Y0066_PDPSPRJ12100_000 CMS Accepted
CA25063ST (10-12)

M
This is an advertisement.

AARP | Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

One helps you
pay some of
the expenses
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AARP | MedicareRx Plans
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These two plans could provide you with more complete coverage. Find out if they meet your needs.

<Agent Name>

[Licensed Insurance Agent Contracted with UnitedHealthcare]



<1-XXX-XXX-XXXX>, TTY: 711

AARP® | **Medicare Supplement Plans**
insured by **UnitedHealthcare**
Insurance Company

AARP® | **MedicareRx Plans**
insured through **UnitedHealthcare**

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<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

<Date>, <Time>
<Location>
<Address>
<City>, <ST> <ZIP>

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SERFF Tracking #:	UHLC-128789169	State Tracking #:		Company Tracking #:	FM12-845
State:	Arkansas	Filing Company:	UnitedHealthcare Insurance Company		
TOI/Sub-TOI:	MS08G Group Medicare Supplement - Standard Plans 2010/MS08G.001 Plan A 2010				
Product Name:	GROUP MEDICARE SUPPLEMENT				
Project Name/Number:	ADVERTISING/FM12-845				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY	Filed-Closed	01/02/2013
Comments:	SEE ATTACHED STATEMENT OF VARIABILITY.		
Attachment(s):			
SOV205.pdf			

STATEMENT OF VARIABILITY

Ad: AS2597ST (10-12)

Variable	Explanation
<Agent Name> [Licensed Insurance Agent Contracted with UnitedHealthcare] <1-XXX-XXX-XXXX>	Each agent will include his/her own name and phone number.
[or join me at a meeting]	A meeting may or may not be planned.
<Date>, <Time> <Location> <Address> <City>, <ST> <ZIP>	Meeting times and locations will vary.
<1-XXX-XXX-XXXX>	If a meeting is not scheduled, this information will be removed. If there is a meeting, the agent will provide a phone number.

Insert: AS2613ST (10-12)

Variable	Explanation
<Agent Name> [Licensed Insurance Agent Contracted with UnitedHealthcare] <1-XXX-XXX-XXXX>	Each agent will include his/her own name and phone number.
[or join me at a meeting near you]	A meeting may or may not be planned.
[or join me at a meeting]	A meeting may or may not be planned.
<Date>, <Time> <Location> <Address>	Meeting times and locations will vary.

<City>, <ST> <ZIP>	
<1-XXX-XXX-XXXX>	If a meeting is not scheduled, this information will be removed. If there is a meeting, the agent will provide a phone number.

Self-Mailer: CA250623ST (10-12)

Variable	Explanation
<Agent Name> [Licensed Insurance Agent Contracted with UnitedHealthcare] <1-XXX-XXX-XXXX>	Each agent will include his/her own name and phone number.
[or join me at a meeting]	A meeting may or may not be planned.
<Date>, <Time> <Location> <Address> <City>, <ST> <ZIP>	Meeting times and locations will vary.
<1-XXX-XXX-XXXX>	If a meeting is not scheduled, this information will be removed. If there is a meeting, the agent will provide a phone number.
<Company Name> <Address> <City>, <ST> <ZIP>	Company name may or may not appear.
<First Name> <Last Name> <Address> <City>, <ST> <ZIP>	The name and mailing address of prospect.